

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2007 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number (Optional) 016998-004300US												
Application Number 10/579,027	Filed May 10, 2006												
For OPTICAL DATA TRANSMISSION, OPTICAL DATA TRANSCIVERS AND METHOD OF MANUFACTURING AND PACKAGING THEREOF													
Art Unit	Examiner												
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.													
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):													
	<table style="margin: auto;"> <thead> <tr> <th style="text-align: left; padding: 2px;"><u>Fee</u></th> <th style="text-align: left; padding: 2px;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="padding: 2px; text-align: right;">\$120</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="padding: 2px; text-align: right;">\$450</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="padding: 2px; text-align: right;">\$1020</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="padding: 2px; text-align: right;">\$1590</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="padding: 2px; text-align: right;">\$2160</td> </tr> </tbody> </table>	<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	<input type="checkbox"/> A check in the amount of the fee is enclosed.												
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.												
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
I am the <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,797</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ </div> <div style="width: 35%; text-align: right;"> <div style="margin-bottom: 10px;"> <u>July 16, 2007</u> Date </div> <div> <u>9925) 472-5000</u> Telephone Number </div> </div> </div>													
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <u>Gerald T. Gray</u> Signature <u>Gerald T. Gray, Reg. No. 41,797</u> Typed or printed name </div> <div style="width: 35%; text-align: right;"> <u>July 16, 2007</u> Date <u>9925) 472-5000</u> Telephone Number </div> </div>													
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.													
<input type="checkbox"/> Total of _____ forms are submitted.													